General Patient Care Protocols: Patient Care

Note Well: *Always observe the following precautions (I & II) and only then perform the patient assessment and obtain the necessary information on all patients*

I. Scene Size-Up

1. As you approach the scene, assure safety for yourself and the patient. Establish and follow appropriate policies.

II. Body Substance Isolation (BSI)

1. Prior to patient assessment, employ precautions to prevent contact with potentially infectious body fluids or materials.

III. Initial Assessment

1. Perform initially on every patient to form a general impression of needs and priorities.

    A. Assess patient's mental status. Maintain spinal immobilization if needed

        i. **A**lert

        ii. Responds to **V**erbal stimuli

        iii. Responds to **P**ainful stimuli

        iiii. **U**nresponsive

    B. Assess the Patient's Airway Status

        i. Responsive patient - assess for adequacy of breathing.

III. Initial Assessment (continued)

ii. Unresponsive patient - check for and maintain open airway

a. Trauma patients or those with unknown nature of illness, the cervical spine should be stabilized/immobilized and the jaw thrust maneuver performed as indicated.
b. Airway interventions as needed

C. Assess the Patient's Breathing

i. If breathing is adequate and the patient is responsive, oxygen may be indicated. Check pulse oximeter.

ii. If the patient is unresponsive and the breathing is adequate, provide 100 % oxygen via NRB mask.

iii. If breathing is inadequate, assist the patient's breathing utilizing an airway adjunct and BVM with 100% oxygen.

iiii. COPD patients

a. If in no distress, administer oxygen by NC (usually 2 - 6 LPM or prescribed dose).
b. If in severe or acute distress, use high flow oxygen by mask and be prepared to use airway adjunct.

D. Assess the Patient's Circulation

i. Check for pulse. If absent begin CPR. and refer to the appropriate Protocol

ii. Check for major bleeding. If present control with direct pressure.

iii. Assess skin color, temperature, and capillary refill.

III. Initial Assessment (continued)

E. Disability

i. Perform neurological assessment

F. Exposure

i. To assess the patient's injuries, remove clothing as necessary, considering condition and environment.

G. Assign Clinical Priority

i. Priority 1 - Unstable

ii. Priority 2 - Potentially unstable

iii. Priority 3 - Stable.

IV. Conduct the Appropriate Focused History and Physical Examination

Medical Patient		Detailed Exam	Ongoing Assessment
Unresponsive Patient	**Responsive Patient**		
Rapid Physical Exam *DCAP BTLS* Head Neck *JVD, Medic Alert* Chest *Breath Sounds* Abdomen *Rigidity* *Distention* Pelvis/GU *Blood, Urine, Feces* Extremities *Motor, Sensory, Pulse, Medic Alert* Posterior *Baseline Vital Signs* History of Episode ***O**nset* ***P**rovocation* ***Q**uality* ***R**adiation* ***S**everity* ***T**ime* SAMPLE History ***S**igns & Symptoms* ***A**llergies* ***M**edications* ***P**ertinent History* ***L**ast Oral Intake* ***E**vents Prior*	History of Episode ***O**nset* ***P**rovocation* ***Q**uality* ***R**adiation* ***S**everity* ***T**ime* Baseline Vital Signs SAMPLE History ***S**igns & Symptoms* ***A**llergies* ***M**edications* ***P**ertinent History* ***L**ast Oral Intake* ***E**vents Prior* *Focused Physical Exam* *DCAP BTLS* ***D**eformity* ***C**ontusion* ***A**brasions* ***P**enetrating* ***B**urns* ***T**enderness* ***L**aceration* ***S**welling*	*DCAP BTLS* Head *Scalp & Cranium Crepitus* Eyes *Discoloration* *Equality* *Foreign Bodies* *Blood* Ears & Nose *Fluid Draining or Bleeding* *Discoloration* Neck *JVD* *Tracheal Position* *Crepitus* Chest *Breath Sounds* *Paradoxical Movement* *Crepitus* Abdomen *Rigidity* *Distention* Pelvis/GU *Pain on Motion* Extremities *Motor, Sensory, Pulse* *Capillary Refill* Posterior	*Repeat Initial Assessment* Reassess AVPU Reassess Airway Reassess Breathing Reassess Circulation Monitor Skin Confirm Clinical Priority Repeat and Record Vital Signs Repeat Focused Assessment, Especially Chief Complaint of Injuries Check All Interventions Assure Oxygen Adequacy Check Bleeding Check Interventions Stable patient *Every 15 minutes* Unstable Patient *Every 5 minutes*

V. Treatment

1. Follow specific protocol(s) and standing orders.

2. EMT-B's may establish IV access when indicated in the individual protocol provided that;

   A. There is an ALS unit on the scene or

   B. There is an ALS unit en route to the scene.

3. Should there be a situation in which there is no protocol listed and the ALS provider deems that pharmacological agents and other procedures listed in other protocols might benefit the patient, medical control should be obtained to provide treatment.

Note Well: *The provider with the highest level of pre-hospital training and seniority will be in charge of patient care.*

VI. Transport Decision

1. Patients should be transported as soon as appropriate to the proper medical facility. Immediate transport with treatment en route is recommended for patients with significant trauma or unstable airway.

Note Well: *Any patient who's injury/condition meets the criteria as outlined in these Protocols and/or identified as a priority1 or priority 2 patient should be moved to the transporting unit using the appropriate device, to include but not limited to*

- *Stair chair*
- *Reeves stretcher*
- *Cot*

Any deviation must be documented on the patient care report.

VII. Communications

1. Contact medical control as soon as feasible in accordance with protocols for further orders. For seriously injured or critically ill patients notification of the receiving facility is required. It is preferred that this be accomplished by the unit, however, notification through communications is acceptable.

2. When communicating with medical control or the receiving facility, a verbal report should include these essential elements:

   A. Identify unit, level of provider and name.

   B. Destination hospital and ETA.

   C. Patient's age, sex.

   D. Mental status.

   E. Patient's chief complaint.

   F. Brief pertinent history of the present illness.

   G. Baseline vital signs to include EKG and glucose level if indicated.

   H. Pertinent findings of the physical exam.

   I. Past medical history, current meds and allergies.

   J. Treatment rendered in the field.

   K. Patient response to emergency care given.

   L. Orders requested, repeat granted orders back to physician.

3. Advise receiving facility of change occurring in patient's status en route to the medical facility.

VIII. On Scene Physician

1. If a physician who is physically on the scene wishes to assume responsibility and care for the patient, he or she must be a licensed physician. ***Medical control will be contacted and advised of transfer of care to the on scene physician***. The medical control physician should confer with the on-scene physician. Providers must remain professional at all times.

> ***Note Well:*** *For more detail, refer to the Physician On Scene Protocol, A4. It may also be necessary to refer to the Inability to Carry Out a Physician Order Protocol, N9.*

XI. Transfer of Care and Documentation

1. Upon arrival at the medical facility transfer of care will be conducted and the runsheet must be completed.

> ***Note Well:*** *The Patient Care Report is not considered complete until both the patient care sheet and the data entry sheet are filled out in their entirety.*

> ***Note Well:*** *All providers should be keenly aware of the prevalence of the abuse of children, the disabled and elderly. The abuse may be of a physical, psychological or sexual nature. If at any time you observe an incident where you believe that an abusive situation has occurred, you are required to report that observation to the emergency physician and the appropriate law enforcement officials.*

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